CITY OF BALTIMORE COLLECTION DIVISION – LICENSE SECTION 200 HOLLIDAY ST. BALTIMORE, MARYLAND 212002

DOG

LICENSE APPLICATION

IMPORTANT OWNER'S SECTION

OWNI	ER NAME DRESS ORE, MD	REG. DATE	3	NEW LIC	CENSE #	CHARGE	vacce will will will 2. Lice 3. See 4. Call info 5. If ye (410	be relibe issuences a back of municumation bave bureau 0) 396-	n cert turned ued ware due of this acipal on. we add of an 4688.	tificate with the distribution of the annually on the annually on the form for furth animal shelte itional animals imal control for the distribution of the distributi	his application the license as a valid rabies the anniversarer information (410) 398-as that are not or further details.	y of their issuance. 1 4688 for additional licensed please call	
DOG/CAT INFO	DRMATION		DOG	C	ΑT								
NAME		BREED			COLOR	SEX							
	LICENSE #	········		NEW LIC		CASHIER'	S COP	 ′ c	HECK	ONE BOX FOR	PERMIT REQ	UESTED	
							CODE	1		ALTERED W/PR	OOF - \$10.00		
			<u> </u>				CODE	2		UNALTERED - \$	30.00		
		REG. DATE					CODE	-				OVER 65 - \$5.00	
							CODE	-		UNALTERED & O			
OWNER	NAME							-				y - φ13.00	
OWNER	NAME						CODE	-		LOST TAG - \$1.			
							CODE	Α		ASSISTANCE D	OG – NO FEE		
ADDR	ESS						PI FASE	MAKF	CHEC	K PAYABI F TO	DIRECTOR	OF FINANCE	
BALTIMORE, MD							MAIL PAYMENT TO THE ADDRESS ABOVE						
ZIP CODE							DO	10 T	M	AIL CAS	SH		
06100	000010	00000	000(00000	00000	00000000	00000	0000	000	0000000	000000	00000004	
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CURRENT LICENSE # NEW LICENSE #							PLEASE PRINT INFORMATION IN THE AREAS BELOW DOG/CAT INFORMATION						
						CHARGE	NAME					SEX	
						CODE							
		REG. DATE											
OWNER INFORMATION								DOG		c	AT	BIRTH YEAR	
FIRST NAM	E	LA	AST N	AME			BREED						
							COLOR	COLOR ALTERED – SPAYED/NEUTERED					
MAILING ADDRESS											ERY – VERIFIED/	EXEMPT	
										☐ UNAL	TERED – ABLE T	O REPRODUCE	
ZIP CODE TELEPHONE NUMBER DATE OF BIRTH						F	RABIE NO	S TAG	ł	EXP. DATE	EXP. DATE VETERINARIAN'S PHONE NO.		
							LICEN	SE IS	SUE	LOCATION	LICENSE DATE	ISSUE	
	A NIII	мліс	LIL	TER C	ODV								